

SERIAL NUMBER	FILING DATE	CLASS	GROUP ART UNIT	ATTORNEY DOCKET NO.
09/036,645 REISSUE	03/06/98	424	1634	1225/0C675.U

APPLICANT

DAVID BERD, WYNCOTE, PA.

**\*\*CONTINUING DOMESTIC DATA\*\*\*\*\***

VERIFIED THIS APPLN IS A RE OF 07/985,334 12/04/92 PAT 5,290,551  
WHICH IS A CON OF 07/520,649 05/08/90 abandoned

LBA

**\*\*371 (NAT'L STAGE) DATA\*\*\*\*\***

VERIFIED

none

**\*\*FOREIGN APPLICATIONS\*\*\*\*\***

VERIFIED

none  
LBA

LBA

FOREIGN FILING LICENSE GRANTED 03/24/98

Foreign Priority claimed 35 USC 119 (a-d) conditions met	<input type="checkbox"/> yes <input checked="" type="checkbox"/> no <input type="checkbox"/> yes <input checked="" type="checkbox"/> no	<input type="checkbox"/> Met after Allowance	STATE OR COUNTRY	SHEETS DRAWING	TOTAL CLAIMS	INDEPENDENT CLAIMS
Verified and Acknowledged	<u>LBA</u> Examiner's Initials	Initials	PA	0	1	1

ADDRESS

DARBY AND DARBY  
805 THIRD AVENUE  
NEW YORK NY 10022

TITLE

TREATMENT OF MELANOMA WITH A VACCINE COMPRISING IRRADIATED AUTOLOGOUS  
MELANOMA TUMOR CELLS CONJUGATED TO A HAPTEN

FILING FEE RECEIVED	FEES: Authority has been given in Paper No. _____ to charge/credit DEPOSIT ACCOUNT NO. _____ for the following:	<input type="checkbox"/> All Fees <input type="checkbox"/> 1.16 Fees (Filing) <input type="checkbox"/> 1.17 Fees (Processing Ext. of tin) <input type="checkbox"/> 1.18 Fees (Issue) <input type="checkbox"/> Other _____ <input type="checkbox"/> Credit
\$790		



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**\*BIBDATASHEET\***

CONFIRMATION NO. 6219

Bib Data Sheet

<b>SERIAL NUMBER</b> 09/036,645	<b>FILING OR 371(c) DATE</b> 03/06/1998 <b>RULE</b>	<b>CLASS</b> 424	<b>GROUP ART UNIT</b> 1600	<b>ATTORNEY DOCKET NO.</b> 1225/0C675.U
<b>APPLICANTS</b> DAVID BERD, WYNCOTE, PA;				
<b>** CONTINUING DATA *****</b> This application is a REI of 07/985,334 12/04/1992 PAT 5,290,551 which is a CON of 07/520,649 05/08/1990 ABN				
<b>** FOREIGN APPLICATIONS *****</b> IF REQUIRED, FOREIGN FILING LICENSE GRANTED ** 03/24/1998				
Foreign Priority claimed <input type="checkbox"/> yes <input type="checkbox"/> no 35 USC 119 (a-d) conditions <input type="checkbox"/> yes <input type="checkbox"/> no <input type="checkbox"/> Met after Allowance Verified and Acknowledged _____ Examiner's Signature _____ Initials _____		<b>STATE OR COUNTRY</b> PA	<b>SHEETS DRAWING</b>	<b>TOTAL CLAIMS</b> 1  <b>INDEPENDENT CLAIMS</b> 1
<b>ADDRESS</b> 028977				
<b>TITLE</b> TREATMENT OF MELANOMA WITH A VACCINE COMPRISING IRRADIATED AUTOLOGOUS MELANOMA TUMOR CELLS CONJUGATED TO A HAPTEN				
<b>FILING FEE RECEIVED</b> 790	FEES: Authority has been given in Paper No. _____ to charge/credit DEPOSIT ACCOUNT No. _____ for following:		<input type="checkbox"/> All Fees <input type="checkbox"/> 1.16 Fees ( Filing ) <input type="checkbox"/> 1.17 Fees ( Processing Ext. of time ) <input type="checkbox"/> 1.18 Fees ( Issue ) <input type="checkbox"/> Other _____ <input type="checkbox"/> Credit	